2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000087 1. Entity Name X DREAM 1 INC.	647			FILED 07 DEC 14 AM II: 20					
Principal Place of Business POST OFFICE BOX 831472 MIAMI, FL 33283	Mailing Address POST OFFICE BOX 83147 MIAMI, FL 33283	2			iA.T	AHASS	:	ÍRÍÐA	
2. Principal Place of Business - No P.O. Box # /0/46 5W 60 Street Suite, Apt. #, etc.	3. Mailing Address POBOX 63/ Suite, Apt. #, etc.	472				-410 8 884 684		14 4mm audu 121	
City & State	City & State			12 24.		WIE.	MEM.	The second second	oplied For
Zio Country	MIAMI, FI	Country		APPLIE Certificate	D FOR		П	—	ot Applicable
33/73 DAS @ 6. Name and Address of Current F	35283-1472 Registered Agent						La Registered A	Fee Require	đ
LAMCHICK, BRUCE ESQ. 9130 SOUTH DADELAND BLVD. SUITE 1101		Name Street A	Reyes Address (P.O. 1 10140		PAS er is Not /	Acceptable	Arie	leno	
MIAMI, FL 33156		City	MAR	11	F1.	3.3	<u>3/73 </u>	Zip Cod	
The above named entity submits this statement for the obligations of registered agent SIGNATURE			· · · · · · · · · · · · · · · · · · ·			State of Fi		1 32	<i>[]]</i>
Analyst Aled or priviled name of registered agent a	and tatle if applicable. (NOTE: Re	egistered Agent sign	nature required who	en reinstating) 		DATE	. ,	
FILE NOW!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.0	o				In accorpor	ordance v ation did	with s. 607. not receive	193(2)(b), the prior (F.S., the notice.
10. OFFICERS AND I	DIRECTORS Pelate	11.	Al	DDITIONS	/CHANGE	S TO OFF	ICERS AND	DIRECTOR:	
NAME REYES-VINES, MARIELENA P.O. BOX 831472 CITY-ST-ZIP MIAMI, FL 33283	_ icaa	NAME STREET ADORESS CITY-ST-ZIP	Rego	4ev) 25-l 2 sv	Inn Um	15, K	LATIE	Jena	133/
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12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustes changed, or on an attachment with arraddings. SIGNATURE:	true and accurate and that my	signature shall I required by Ch	have the same	legal effe	ct as if ma	ide under i at my nam	oath; that 1 a e appears ir	m an officer	or director